

HABILITATION, COMMUNITY PROTECTION AND TREATMENT HOURLY

Service Description

HP16-00

Services provide a variety of interventions designed to maximize the functioning of persons with developmental disabilities. Services may include, but are not limited to: habilitative therapies, special developmental skills, behavior intervention and sensorimotor development.

This service provides a variety of interventions designed to maximize the functioning of Division members with intensive behavioral support needs or who otherwise meet the criteria for community protection and treatment.

In general, this service is designed to provide treatments and related supports to ameliorate symptoms, disorders, or behaviors that have interfered with the member's full inclusion in the community and to protect Community Protection and Treatment Program eligible Division members, as well as the general public, from possible harm. These services must capture community strengths and resources and be designed with clear and therapeutic measurable outcomes.

Community Protection and Treatment is designed to be a time-limited program based on the needs and progress of the member.

Service Requirements and Limitations

This service may be provided in any setting upon authorization by the Division, except the service shall not be provided when the member is hospitalized or living in skilled nursing facility, non-state operated Intermediate Care Facility ("ICFs")/MR, or Level I or Level II behavioral health facility.

Service Goals and Objectives

Service Goals

The foundation for achieving all service goals and objectives shall be based on a person-centered plan that will minimally consist of the following focuses: (1) a common understanding of the member from a strengths/needs perspective, (2) developing a vision of the future that reflects a shared commitment for a quality life for the member, (3) a listing of the opportunities and obstacles for reaching that vision, and (4) a review process for checking progress over time.

1. To provide services that facilitate treatment with interventions designed accordingly:
 - 1.1 To provide integrated treatment goals, outcomes, and therapeutic interventions that assist members to function safely in society and avoid offending or re-offending.

- 1.2 To provide training, therapy, and supervision, whether voluntary or court-ordered, for members to increase or maintain their self-help, socialization, and adaptive skills to better live successfully in the community and not require more restrictive settings (e.g., incarceration, psychiatric hospital).
 - 1.3 To assist the member in defining, achieving, and maintaining a quality of life that corresponds to the member's vision for the future and priorities.
 - 1.4 To include the member in both development and implementation; the program should be respectful to the member, with positive supports and collaboration with both the member and team members.
2. To provide services that facilitate protection with interventions designed accordingly:
 - 2.1 To provide environmental and programmatic safeguards and structures that protect the member as well as neighbors and community members from those behaviors that endanger the member, other people or property, and/or interfere with the rights of others.
 - 2.2 To support members to make positive choices to resolve or contain the behaviors that require intensive intervention and supervision, thus reducing the need for protective measures.
 - 2.3 To be respectful to the member, with positive supports and collaboration with both the member and team members.

Service Objectives

The Qualified Vendor shall ensure the following objectives are met:

1. In accordance with the member's planning **document**, assist in determining the habilitation needs of the member in order to ensure that members are provided the appropriate habilitation services and other needed supports, as well as appropriate implementation strategies, and assist in developing:
 - 1.1 Habilitation-related outcomes that are based on assessment data and input from the member and the member's representative which allow the member to achieve his/her long-term vision for the future and priorities.
 - 1.2 A specific teaching strategy for each habilitative outcome within twenty (20) business days after initiating the service for a new or a continuing placement and whenever a new outcome has been identified for the member. The specific teaching strategy for each outcome shall identify the schedule for implementation, frequency of services, data collection methods, and the steps to be followed to teach the new skill.

- 1.3 Changes to specific outcome(s) and/or strategies, as agreed upon by the member's planning team (e.g., Person-Centered Planning team or ISP team), based on the presence or absence of measurable progress by the member.
2. As identified in the member's planning document, provide a broad array of support services such as:
 - 2.1 Assistance and training related to personal and physical needs and routine daily living skills;
 - 2.2 Implementing strategies to address behavioral concerns, developing positive behavior support and intervention programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans;
 - 2.3 Ensuring that the health needs of the member are being met, including providing follow up as requested by the member's Primary Care Provider ("PCP") or medical specialist;
 - 2.4 Implementing all therapeutic recommendations including speech, occupational, and physical therapy and assisting members in following special diets, exercise routines, or other therapeutic programs;
 - 2.5 Mobility training, alternative, or adaptive communication training;
 - 2.6 Supervision;
 - 2.7 Opportunities for training and/or practice in basic life skills such as shopping, banking, money management, access and use of community resources, and community survival skills; and
 - 2.8 Assisting members in utilizing community transportation resources to support the member in all daily living activities (e.g., day treatment and training, employment situation, medical appointments, visits with family and friends, and other community activities) as identified in the member's planning document.
3. Develop, maintain, or enhance independent functioning skills in sensorimotor areas, cognition, personal grooming, hygiene, dressing, eating, toileting, self-medication and first aid, recognizing symptoms of illness, and preventing accidents and illnesses.
4. Assist each member in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
5. Provide opportunities for members to participate in community activities and facilitate utilization of community resources.
6. Provide transportation necessary to support program activities.

7. Develop, at a minimum, a monthly on-site/community integrated schedule of daily activities and document members' direct input into the schedule. Daily activities and schedules are based on member choice and preferences, developmental level, planning document goals, and enrichment of life experiences. Allow for reasonable choice in activity participation and offer alternative activities. This schedule shall be available to members, member representative, or others upon request.
8. Play an active role in ensuring that services with other involved entities, including day treatment and training providers, health care providers, behavioral health providers, and schools, are coordinated to meet the needs of the members served.
9. Assist the member's planning team in the development of the Emergency Contact Plan, Risk Assessment, and the Discharge/Transition Checklist.
10. Provide security precautions for protection of neighbors and other community citizens to the extent possible.
11. Provide a structured and specialized environment.
12. Provide collaboration and coordination with appropriate community resources, such as local government, parole/probation officers, and law enforcement agencies.
13. Comply with any requirements ordered by the Courts, parole/probation officers, and law enforcement agencies, including requirements incorporated into the member's planning document.

Service Utilization Information

1. Utilization and authorization of services for each site will be determined based on the needs of the member and taking into consideration the other supports that are available, including typical staffing at group service setting to ensure the mitigation of risk for both the member and other community participants.
2. The planning team shall decide, prior to the delivery of services, who and how service delivery will be monitored.
3. The Qualified Vendor must comply with staffing levels as authorized by the Division staff and work in cooperation with the Division staff and the member's planning team to reduce staffing level supports as the member requires less intensive supervision.

Rate Basis

1. Published. The published rate is based on one (1) hour of direct service.

2. Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, *RateBook*, and/or other provider resources made available by the Division.

Direct Service Staff Qualifications

1. Direct service staff must:
 - 1.1 Have at least three (3) months experience implementing and documenting performance in individual programs (i.e., specific training strategies);
 - 1.2 Have both three (3) months experience in providing either respite or personal care and have received training, approved by the Division, in implementing and documenting performance; or
 - 1.3 Perform three (3) months of habilitation services under the direct supervision of an individual who is qualified to provide habilitation as described above.
2. The Qualified Vendor must require direct service staff to complete, at a minimum, the following training prior to start of work:
 - 2.1 Defining both challenging and desired behaviors in observable and measurable terms;
 - 2.2 Describing several strengths of members as well as needs and how these relate to challenging behaviors;
 - 2.3 Describing the values of the member and how they might contribute to the challenging behaviors;
 - 2.4 Identifying the member's most effective learning style;
 - 2.5 Involving the member, his/her family, and other supportive people in the member's life in identifying strengths/needs;
 - 2.6 Identifying the need for the member to have an assessment/reassessment to determine if behavioral health needs are being met;
 - 2.7 The recognition and proper response to inappropriate sexual behavior;
 - 2.8 Ways to develop mutually respectful and trusting relationships while guarding against potentially manipulative behaviors of program participants; and
 - 2.9 Principles of positive behavior support and person-centered planning.

3. The training curriculum shall be available upon request of Division staff. In addition, the Qualified Vendor shall maintain documentation and training records for all direct care staff that provide this service, and shall be available upon request by Division staff.
4. The Qualified Vendor shall ensure that appropriate staff participates in any Division-supported forums designed to assist all Community Protection and Treatment providers in the areas of person-centered planning reviews, ongoing staff training aimed at developing competencies in positive behavioral supports and other therapeutic modalities, clinical oversight, and other supportive ventures.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall ensure that a copy of the member's planning document and behavioral plans are accessible to all direct care staff. Any changes to the plan shall be immediately reported to the Support Coordinator. It shall be available to the member/member's representative and/or Division upon request.
2. The Qualified Vendor shall submit the teaching strategies that were developed for the member's habilitative outcomes to the member's Support Coordinator for planning team review no later than **twenty (20)** business days following the initiation of service for a new or a continuing placement and whenever a new outcome has been identified for the member.
3. The Qualified Vendor shall submit quarterly progress reports to the Division and the member/member's representative unless the member/member's representative has requested not to receive them. **The quarter is based on the calendar year and the reports are due no later than the fifteenth (15) day following the end of the quarter. The Qualified Vendor shall refer to the Division's Provider Manual for guidance on report due dates and minimum content of the reports.**
4. The Qualified Vendor shall maintain daily records on file as proof of the number of hours worked by each direct service staff providing direct service to members.
 - 4.1 Each time sheet, equivalent document, or data system shall contain the original signature or other independent verification (**that complies with A.R.S. § 41-132**) of the member/member's representative after service delivery confirming the hours worked. Proof of hours worked must be signed or verified by the member/member's representative before the Qualified Vendor submits the claim for payment.
5. The Qualified Vendor shall maintain records that:
 - 5.1 Confirm the availability and appropriateness of Emergency Contact Plan and Risk Assessment.
 - 5.2 Document dates of on-site monthly administrative supervision and monitoring to each Community Protection and Treatment member receiving this hourly service.

- 5.3 Document that security precautions for protection of neighbors and other community citizens continue to be appropriate.
 - 5.4 Confirm that there continues to be a structured and specialized environment for the Community Protection and Treatment member.
 - 5.5 Document all collaboration and coordination with appropriate community resources including other service providers, local government, parole/probation officers, and law enforcement agencies that have occurred.
6. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.